

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/540852
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		6				
3		2				
4		2				
5		8				
6		8				
7		8				
8		8				
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
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49						
50						
TOTAL IND.			2			
TOTAL DEP.			15			
TOTAL CLAIMS			17			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						